

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007126

FILED
May 01, 2009
Secretary of State

Entity Name: LIGHTNING BASEBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

19920 HIGHLAND LAKES BLVD
MIAMI, FL 33179 US

New Principal Place of Business:

2405 NE 194TH ST.
MIAMI, FL 33180 US

Current Mailing Address:

2405 NE 194 ST.
DADE, FL 33108 US

New Mailing Address:

2405 NE 194TH ST.
MIAMI, FL 33180 US

FEI Number: 65-0882579 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KARR, ABBY
2405 NE 194 ST.
NORTH MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

KARR, ABBY
2405 NE 194 ST.
MIAMI, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KARR, ABBY
Address: 2405 NE 194 ST.
City-St-Zip: MIAMI, FL 33180

Title: S () Delete
Name: LEBOUIC, EVA
Address: 19000 NE 20TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: 2VP () Delete
Name: KONDLA, RICHARD
Address: 9000 SW 137 AVE
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: KARR, ABBY S
Address: 2405 NE 194TH ST
City-St-Zip: MIAMI, FL 33180

Title: VP () Delete
Name: BATES, ELLIE
Address: 801 NE 174 ST.
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABBY KARR

P/T

05/01/2009

Electronic Signature of Signing Officer or Director

Date